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PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**NEW UTILITY
PATENT APPLICATION
TRANSMITTAL**

(only for new nonprovisional applications under

37 CFR 1.53(b))

Attorney Docket Number

22837-06289

First Named Inventor

Yoshihiro Yamaguchi

Title

BLADE SHAPE DESIGNING
METHOD, PROGRAM THEREOF AND
INFORMATION MEDIUM HAVING
THE PROGRAM RECORDED
THEREON

Express Mail Label No.

EL566299204US

APPLICATION ELEMENTS

1. ☒ Fee Transmittal Form (in duplicate)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27
3. ☒ Specification Total Pages 31
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference(s) to Related Case(s)
 - Statement Regarding Fed sponsored R & D
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawing(s)
 - Detailed Description
 - Claim or Claims
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets 11
5. Oath or Declaration
 - a. ☒ New Declaration Total Pages 1
☐ Executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ Certified Copy of Priority Document(s) (if foreign priority
is claimed)
9. ☒ Power of Attorney or Authorization of Agent
10. ☐ 37 CFR 3.73(b) Statement
11. ☐ Preliminary Amendment
12. ☐ Information Disclosure Statement & PTO-1449
☐ Copies of IDS Citation(s)
13. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent
14. ☒ Return Postcard
15. ☐
16. ☐
17. ☐

ADDRESS TO:

**Box Patent Application
Commissioner for Patents
Washington, D.C. 20231**

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ____/____

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number and Bar Code
Label

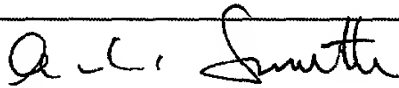


00758

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature	<i>A.C. Smith</i>	Date	8/15/01

0002/PTO(modified) Rev. 10/2000	U.S. Department of Commerce Patent and Trademark Office	Complete if Known	
FEE TRANSMITTAL		Application Number	
		Filing Date	August 15, 2001
		First Named Inventor	Yoshihiro Yamaguchi
		Group Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT		Attorney Docket Number	22837-06289
Subtotal (1) + Subtotal (2) + Subtotal (3) =		(\$) 710.00	

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to:		3. ADDITIONAL FEES			
<input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.		Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
<input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †		105/\$130	205/\$65	Surcharge - late filing fee or oath	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
Deposit Account Number: 19-2555		147/\$2,520	147/\$2,520	For filing a request for reexamination	
Deposit Account Name: FENWICK & WEST LLP		115/\$110	215/\$55	Extension for response within first month†	
A Duplicate Copy of this authorization is attached		116/\$390	216/\$195	Extension for response within second month†	
2. <input checked="" type="checkbox"/> Payment Enclosed:		117/\$890	217/\$445	Extension for response within third month†	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other		118/\$1,390	218/\$695	Extension for response within fourth month†	
FEE CALCULATION (fees effective 10/01/2000)		128/\$1,890	228/\$945	Extension for response within fifth month†	
1. FILING FEE		119/\$310	219/\$155	Notice of Appeal	
Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	141/\$1,240	241/\$620	Petition to revive unintentionally abandoned application	
101/\$710	201/\$355	142/\$1,240	242/\$620	Utility Issue Fee (Or Reissue)	
106/\$320	206/\$160	143/\$440	243/\$220	Design Issue Fee	
108/\$710	208/\$355	122/\$130	122/\$130	Petitions to the Commissioner	
114/\$150	214/\$75	126/\$180	126/\$180	Submission of Information Disclosure Statement	
SUBTOTAL (1) (\$)710		179/\$710	279/\$355	Request for Continued Examination (RCE)	
		581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	
		146/\$710	246/\$355	Filing a submission after final rejection (37 CFR 1.129(a))	
		149/\$710	249/\$355	For each additional invention to be examined (37 CFR 1.129(b))	
		Other fee (specify):			
		Other fee (specify):			
		SUBTOTAL (3) (\$)0			
2. CLAIMS					
Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description			
103/\$18	203/\$9	Claims in excess of 20			
102/\$80	202/\$40	Independent claims in excess of 3			
104/\$270	204/\$135	Multiple dependent claim			
109/\$80	209/\$40	Reissue independent claims over original patent			
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent			
		(Col. 1) For	(Col. 2) Highest No Previously Paid For	(Col. 3) Extra**	Fee
		No. of Existing Claims			Fee Due
		TOTAL 15	20 or 0	0	0
		INDEP 3	3 or 0	0	0
		[] First presentation of multiple dependent claim			
		* Subtract the greater number of Col. 2			
		** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3			
		SUBTOTAL (2) (\$)0			

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Albert C. Smith	Reg. Number	20,355
Signature		Date	8/15/01

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby